



#10
PATENT
3/11/14

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/857,682
Applicant : Antti Särelä et al.
Filed : September 4, 2001
Title : Arrangement in Connection with Feedback Control System

TC/A.U. : 3736
Examiner : Michael G. Mendoza

Docket No. : 3003-00034

INFORMATION DISCLOSURE STATEMENT

Milwaukee, Wisconsin 53202
September 3, 2003

Commissioner for Patents
Mail Stop - Fee
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

Sir:

Kindly consider and make the attached material of record in the file of this application. The references were cited in the application as filed.

This Information Disclosure Statement is accompanied by a PTO Form 1449, in duplicate. The Information Disclosure Statement is also accompanied by a check in the amount \$180.00 as required by 37 C.F.R. §1.97(c) and 1.17(p). The Commissioner is hereby authorized to charge any additional fees in this application under 37 C.F.R. § 1.16 and 1.17 to Deposit Account No. 01.2000.

It is requested that these references be considered and be made of record in this application.

Respectfully submitted,

09/10/2003 SDENB081 00000042 09857682

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180.00 00

ANDRUS, SCEALES, STARKE & SAWALL, LLP

Peter T. Holsen
(Reg. No. 54,180)

ADDRESS AND CERTIFICATE OF MAILING ATTACHED

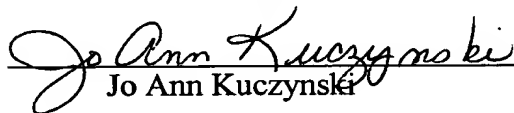
Appln. No. 09/857,682
IDS dated September 3, 2003

100 East Wisconsin Avenue, Suite 1100
Milwaukee, Wisconsin 53202
(414) 271-7590



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop - Fee, P.O. Box 1450, Alexandria, VA 22313-1450 on the 3rd day of September, 2003.


Jo Ann Kuczynski

9-3-03
Date

3736

SEP 08 2003

Please type a plus sign (+) inside this box [+]		Patent and Trademark Office: U.S. Department of Commerce	
0091/PTO Rev. 10/98	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/857,032
		Filing Date	September 4, 2001
		First Named Inventor	Antti Särelä
		Group Art Unit	3736
		Examiner Name	Michael G. Mendoza
Total Number of pages in this Submission 5+		Attorney Docket Number	3003-00034

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37.152 or 1.53 <input type="checkbox"/> Request to Rescind Previous Nonpublication Request	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below) <p style="text-align: center;">Return receipt postcard</p>
<p style="text-align: right; font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="text-align: right; font-weight: bold;">SEP 12 2003</p>		
<p>Remarks:</p> <p style="text-align: right;">TECHNOLOGY CENTER R3700</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Peter T. Holsen (Reg. No. 54,180) ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	<i>Peter T. Holsen</i>
Date	9/3/03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the <u>3rd</u> day of September, 2003.			
Typed or printed name	Jo Ann Kuczynski		
Signature	<i>Jo Ann Kuczynski</i>	Date	9-3-03

PTO/SB/17
(8/96)

FEE TRANSMITTAL

SEP 08 2003

Total Amount of Payment (\$) **180.00**

COMPLETE IF KNOWN

Application Number **09/857,682**

Filing Date **September 4, 2001**

First Named Inventor **Antti Sarela**

Group Art Unit **3736**

Examiner Name **Michael G. Mendoza**

Attorney Docket Number **3003-00034**

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **01.2000**

Account Deposit Name **ANDRUS, SCEALES, STARKE & SAWALL, LLP**

☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 ☐ Applicant claims small entity status. See 37 CFR 1.27

☐ The Commissioner is hereby authorized to charge the issue fee and any additional fees required under 37 C.F.R. 1.18 to the above Deposit Account.. A duplicate copy hereof is enclosed.

FEE CALCULATION (continued)

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for examination	
112	920	112	920 Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840 Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for response within first month	
116	410	216	205 Extension for response within second month	
117	930	217	465 Extension for response within third month	
118	1,450	218	725 Extension for response within fourth month	
128	1,970	228	985 Extension for response within fifth month	
119	320	218	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive unavoidably abandoned application	
141	1,300	241	650 Petition to revive unintentionally abandoned application	
142	1,300	242	650 Utility issue fee (or reissue)	
143	470	243	235 Design issue fee	
144	630	244	315 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Petitions related to provisional applications	
126	180	126	180 Submission of Information Disclos. Stmt.	\$180.00
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	750	246	375 Filing a submission after final rejection (37 CFR 1.29(a))	
149	750	249	375 For each additional invention to be examined (37 CFR 1.129(b))	
179	750	279	375 Request for continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION (fees effective 10/01/96)

1. FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101	750	201 375 Utility filing fee	
106	330	206 165 Design filing fee	
107	520	207 260 Plant filing fee	
108	750	208 375 Reissue filing fee	
114	160	214 80 Provisional filing fee	

SUBTOTAL (1) (\$)

2. CLAIMS

Extra Fee from below Fee Paid

Total claims **10 - 20 =** ☒ **10 - 20 =**

Independent Claims **1 - 3 =** ☒ **1 - 3 =**

Multiple Dependent Claims **_____ X _____ =**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103	18	203 9 Claims in excess of 20	
102	84	202 42 Independent claims in excess of 3	
104	280	204 140 Multiple dependent claim	
109	84	209 42 Reissue independent claims over original patent	
110	18	210 9 Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$180.00

SUBMITTED BY

Name (Print/Type) **Peter T. Holsen** Registration No. **54,180** Telephone **(414) 271-7590**

Signature *Peter T. Holsen* Date **9/5/03**

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